DOCUMENT RESUME

ED 232 355 EC 152 635

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TITLE A Systematized Approach to Alleviating Severe Behavioral Problems in a Day Treatment Setting: Severely and Trainable Mentally Impaired and Autistic.
PUB DATE Nov 82
NOTE 29p.; Paper presented at the Annual Conference of the Association for the Severely Handicapped (9th, Denver, CO, November 4-6, 1982).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Behavior Disorders; *Behavior Modification; Elementary Secondary Education; Intervention; *Multiple Disabilities; Program Descriptions; Program Design; Severe Disabilities; *Special Classes; Transitional Programs

ABSTRACT

A self contained behavior management classroom, an intensive program for children with multiple behavior impairments, is described. The classroom is designed to transfer the student back to the special education classroom for severely and trainable mentally impaired and autistic children. Typical behavior problems are considered, along with criteria for entrance to the program. Referral information is followed by a description of the assessment process, which is keyed to specific targeted behaviors and their intervention techniques. It is explained that exit criteria are individualized and that a variety of full time and part time options for placement into the regular special education classrooms are available. All behavior intervention techniques are analyzed in terms of least to most restrictive application and meet the requirements of a Human Rights Committee. A hierarchy of the least to most restrictive behavior management techniques used ranges from verbal and gestural prompting to restraints. Staff training focuses on reinforcement, structure, basic attention skill training, behavior management, and data collection. (CL)

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NINTH ANNUAL CONFERENCE

THE ASSOCIATION FOR THE SEVERELY HANDICAPPED

DENVER, COLORADO

NOVEMBER 4-6, 1982

A SYSTEMATIZED APPROACH TO ALLEVIATING SEVERE BEHAVIORAL PROBLEMS IN A DAY TREATMENT SETTING: SEVERELY AND TRAINABLE MENTALLY IMPAIRED AND AUTISTIC

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INSERVICE FORMAT

The purpose of this inservice presentation is to provide a framework with which to begin a systematized Behavior Management Program as a means of dealing effectively with students exhibiting severe behavioral impairment.

Included in the packet are the forms we are currently utilizing to maximize accountability, and concurrently provide a means of self-monitoring of the overall program plan.

This material is presented in a brief, outline type of format to serve as a starting point for further development in your own specialized setting.

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I. PHILOSOPHY

The purpose of the self-contained Behavior Management classroom is to meet student individual needs in the areas of behavioral, intellectual, physical, language, and social development. The self-contained classroom offers intensified educational planning and teaching for individuals exhibiting multiple behavioral impairments who otherwise cannot realistically cope within the larger SMI, TMI, Autistic special education classroom which often times lack the personnel, time, and expertise to deal effectively with students eliciting behavioral impairments.

Behavior impairment is viewed as the individual's primary problem area within the SMI, TMI, Autistic special education classroom, which in turn affects the individual's total living and learning environment. This optional program is designed to make them aware of how their behaviors determine what happens to them. Daily experiences of students are then evaluated in terms of positive and negative consequences for behaviors exhibited. Students can grow and develop into more "normally functioning" individuals only if expected and guided to meet certain minimum standards of behavior. These standards must be carefully defined, developed, and monitored in small steps. The firm refusal to accept undesired behaviors must be accompanied by sensitive intervention techniques which enables teachers and aides to encourage and facilitate desired behaviors. The overall goal of this program is to enable the students to transfer back into the regular SMI, TMI, Autistic special education programs.

II. GOALS AND OBJECTIVES

The overall goal of this self-contained Behavior Management classroom is to transfer the student back into the regular SMI, TMI, Autistic special education classroom. The primary concern is to acquire a means of fostering positive behaviors and alleviating the negative behaviors that allow the student to elude interaction with other people and the world around them. Progress toward diminishing the students inappropriate behaviors is attained through continually working to expand their repertoire of appropriate or "normalized" behaviors. The cultivation of appropriate alternatives to inappropriate behaviors remains foremost. When students are helped to develop behaviors that increase interactions with all aspects of their environments, they are learning to develop alternatives to inappropriate behavior functioning.

A holistic attitude and approach which utilizes a variety of educational and therapeutic modalities is encouraged and applied. Three general goals dominate our programming:

1. Reducing the students' prevalent negativism and resistance to appropriate interaction,

2. Broadening the students' capacity for and willingness to participate in appropriate forms of social interventions, and

3. Increasing the students' receptivity and capacity for learning.

III. CRITERION FOR ENTRANCE

Our program hopes to aid students who have histories of behavioral impairments. It is one of our goals to bring appropriate behaviors into existance while reducing those considered inappropriate.

To ensure small overall class size with close adult to student ratios of 2:1, it is extremely important that the SMI, TMI, Autistic students reviewed for entrance are exhibiting severe enough behaviors to define this impairment as the primary source of inability to function adequately with the regular special education classroom. Furthermore, it is important to evaluate past objectives, programs, and techniques utilized, and reasons for the students lack of success.

Specifically, Behavior Impairment is viewed as the inability to manage oneself, individually or socially, in a consistent manner which is appropriate to the environment, and serve to inhibit learning and progress within that environment.

Behavioral impairment is viewed as reflections of negativism toward the environment and resistance to participating in normal social interaction. Negativism or lack of positive involvement may manifest itself in an attempt to ignore, screen out, or in some other way avoid responding to people, objects, and events.

These behaviors vary from individual to individual, from time to time, both in severity and manner. The characteristics exhibited by the SMI, TMI, or Autistic student to be considered for placement into the self-contained behavior management classroom include the following:

1. Exhibits lack of appropriate body orientation - The refusal and/or reluctance to orientate the body toward other people. This may involve head/torso or body away from human interaction as a means to disengage from the environment.

2. Exhibits avoidance of eye contact.

3. Exhibits lack of physical equilibrium - Hyperactivity, extreme passivity, tenseness, or rigidity are all extremes of body states. The students who tend to fixate at the extreme polarities of physical body states do not reflect appropriate responses to their environment.

4. Exhibits lack of emotional equilibrium - Extreme emotional states, fits of rage, hysteria, inappropriate laughter or noises, and over affection are all extreme emotional states. The student who remains in one of these states for long periods of time lacks emotional equilibrium which interferes with normal responsiveness to their environments.

5. Exhibits repetitive and bizarre mannerism/self-stimulatory behavior - Compulsive behaviors which manifest themselves frequently enough to interfere with basic attending and abilities to relate to the environment, can absorb a student's total attention. These behaviors serve to interfere with or block out perception of and responses to stimuli. Examples include:

    a. Flicking hand/fingers in front of face
    b. Rhythmic rocking back and forth, side to side
    c. Abnormal fixation on particular objects
    d. Inappropriate verbalizations, echolalic speech, repetition of sounds, shrieking and loud yelling.

6. Self-Abusive Behavior/Aggression - Behaviors such as these are inappropriate responses and serve to inhibit appropriate perceptions of and responses to the environment. Examples include:

    a. Self-destructive behaviors
    b. Striking oneself repeatedly
    c. Striking others frequently
    d. Disturbed reactions to changes in environment

To meet CRITERION FOR ENTRANCE, students must be:

1. Determined as Severely Mentally Impaired (SMI), or Trainably Mentally Impaired (TMI), or Autistic, as determined through the I.E.P.C. process, and

2. Exhibiting three (3) of the six (6) aforementioned characteristics, and

3. Exhibiting no progress in present special education programs due to manifestation of specified behavioral characteristics when documented approved programming has been reviewed and determined to be non-workable, and

4. At least five (5) years of age and not to exceed twenty-one (21) years of age, although exceptions may be made based upon unanimous committee approval, and

5. Able to fit into existing behavior management classroom size of a maximum nine (9) students, due to facility limitations, severity of impairments, and maintenance of 2:1 staff to student ratios. Exceptions may be made upon unanimous committee approval.

INTAKE PROCEDURE:

1. Referral - Completion of referral form by teacher to include present educational objectives, data collected, and documentation of past programs implemented.

2. Observation of student - Completion of behavior baseline data sheet, observation of student in special education classroom setting by psychologist, sending teacher, behavior management teacher, if possible.

3. I.E.P.C. - Individualized Educational Planning Committee meeting to ascertain current levels of student performance and make recommendations for future educational needs. All decisions regarding the placement of students will be determined by a majority of the committee members, to include:

    a. Supervisor of special education programs
    b. Behavior management teacher
    c. Sending teacher
    d. Parents
    e. Psychologists

    All decisions which are made as exceptions to CRITERION FOR ENTRANCE will be made by unanimous committee decisions.

Placement of any student into the self-contained Behavior Management Classroom represents a change in student status, as the behavior management placement represents the most restrictive school placement available to the school and therefore requires an I.E.P.C. meeting.

IV. BASELINE / PROGRAM IMPLEMENTATION / ASSESSMENT

The elimination of inappropriate behaviors is only a part of the overall program. Providing and training the student with appropriate alternative behavior is of primary concern in the treatment process. Included are blank forms which we currently use and are most helpful in our own program accountability. These forms provide a basic format for the collection of baseline data, ongoing daily data, program implementation, and assessment of students in regard to specific targeted behaviors and their intervention techniques.

1. Baseline Data (Form A) - This represents a systematic and objective means to assess student performance levels in respect to specific targeted behaviors before any formal intervention is begun. This form may also be used in conjunction with the initial referral form, aforementioned in III Criterion for Entrance.

2. Ongoing Data Collection (Form B, C) - This open format represents the means to assess student performance levels on specified targeted behaviors at any point in time once formal intervention has begun. Ongoing data collection is critical in the assessment and review of intervention techniques employed.

3. Program Implementation (Form D) - This represents the written format currently being utilized in reducing targeted negative behaviors and for developing alternative appropriate behaviors in students.

4. Assessment (Form E, F) - This represents a systematic means of monitoring and reviewing the program plan. Our written program plan is designed for monthly review (reverse side of Form D). The daily data sheets provide the basis for monthly monitor and review. The monthly Progress Notes (Form E) provides for a narrative format to help further explain the daily data collection. In addition, we have included a copy of our Quarterly Report Card system, which allows for two to three month reporting of student performance to parents.

V. CRITERION FOR EXIT

Stopping negative behaviors must not be treated as an end in itself, but must always be accompanied by efforts to guide the student into positive behavior. Reinforcement of positive behavior must always accompany intervention in negative behaviors. Progress toward the elimination of inappropriate behavior is attained through continually working to expand the student's repertoire of appropriate or desired behaviors. Through individualized concurrent assessment and teaching, the overall goal of reintegration into the regular special education classroom may be fulfilled.

The expectations are not that the student is "rid" or "cured" of inappropriate behaviors, but rather the student can now work effectively and show progress toward goal attainment within a well organized and appropriately structured environment. Initially, support services may be needed from the behavior management classroom.

Requirements the student must meet to be recommended for replacement into the regular special education classroom are specific to the individual student. Targeted negative behaviors are stated within the Individualized Educational Planning Committee meeting, or I.E.P.C. report. Examples include:

1. Time limits met for attention span
2. Percentage of decrease of self-stimulatory behavior
3. Decrease number of aggressive occurances per week
4. Increased ability of student to stay in chair and work on task.

For replacement of students into the regular special education classroom several options are available:

1. The regular special education teacher/aide observes the total working process of the student within the Behavior Management classroom and may work with the student within the more controlled Behavior Management room setting.

2. Part-time placement of the student into the regular special education classroom, with additional aide supports from the Behavior Management classroom.

3. Part-time placement of student into the regular special education classroom with part-time aide assistance (student integrated one hour, aide one-half hour).

4. Part-time placement of the student into the regular special education classroom for specific activities.

5. Full time placement of the student into the regular special education classroom with full time aide assistance from the behavior management classroom.

6. Full time placement of the student into the regular special education classroom with part-time aide assistance from the behavior management classroom.

7. Full time placement of the student into the regular special education classroom with consultant services only.

Throughout the process of re-entry into the regular special education classroom, on any of the above levels, program organization, structure, data collection, and teacher/aide training will be a concurrent process. Systematic and objective monitor and review are necessary to maintain consistent positive programming, and subsequent successes for the individual student.

VI. HUMAN RIGHTS COMMITTEE

The Behavior Management classroom will have all behavior intervention techniques utilized within the classroom defined in terms of least to most restrictive application. The least restrictive technique will be utilized, and more restrictive techniques will be implemented as they are warranted. The systematic process of monitor and review of behavior program plans will determine levels of techniques to be used.

It is a wise policy to establish and maintain a Human Rights Committee. The purpose of this committee would be:

1. To ensure and safeguard the rights of students with respect to the use of authorized behavior management techniques.

2. To review and approve Minor Aversive Techniques that may be used with students, as standard facility procedures, by qualified school personnel

3. To review and approve, before their implementation, the use of Major Aversive Techniques that will be used with specific students on a case by case basis.

The Human Rights Committee could be composed of the following members:

1. A staff member or private consultant who is experienced and knowledgable in the theory and application of aversive techniques.

2. An administrative staff member.

3. A member of a voluntary committee on mental retardation or other developmental disabilities.

4. An Advocate - any person concerned with the rights of and treatment of the developmentally disabled who is not employed by the school.

5. A parent or guardian of a mentally impaired student.

6. A staff member who works directly with a developmentally disabled student.

A quorum constitutes a simple majority of the eligible voters. Committee approval is obtained by a simple majority of the eligible members present and voting on program approval. The approval of a Major Aversive Technique required the Committee to consider the following criteria:

1. That there is a compelling need and a clear and direct benefit to the student.

2. When risk to the student is involved, that the

   a. Risks are outweighed by the sum of the anticipated benefits to the student.

   b. The rights and welfare of the student are protected.

   c. The program plan is scheduled to be reviewed at regular intervals.

3. The behavior is described in terms of frequency, intensity, and duration of the behavior to be modified.

4. A review of the positive programming plans and other programs previously used, in an attempt to improve the student's behavior.

5. The date for committee and staff review of the technique.

6. The review of emergency situations are provided for while the technique is in progress.

All techniques utilized by us are classified in accordance with the State of Michigan Department of Mental Health guidelines to ensure full protection of student's rights. All techniques are classified as one of the following:

1. Minor Aversive Technique - A behavior change modality using the contingent application of an aversive stimulus or removal of reinforcement, contingent upon the recipient's behavior. Minor aversive techniques are generally accepted by professional consensus to range from minimum to moderate intensity. Minor aversive techniques include, but are not limited to, response cost, overcorrection, time out, reprimands, extinction with non-life threatening behaviors, and graduated guidance.

2. Major Aversive Techniques - A behavior change modality using the contingent application of an aversive stimulus or removal of reinforcement, contingent upon the recipient's behavior. Major aversive techniques are generally accepted by professional consensus to range from moderate to maximum intensity. Major aversive techniques may only be used to prevent injury to the recipient, to prevent injury to others, or to prevent substantial property damage. Major aversive techniques shall include, but are not limited to, manual guidance, physical management, extinction with health threatening target behaviors, time out, artificial or physical restraints.

VII. HIERARCHY OF LEAST TO MOST RESTRICTIVE BEHAVIOR MANAGEMENT TECHNIQUES USED

To ensure full protection of student rights, the Behavior Management classroom defines intervention techniques in a least to most restrictive format. In brief form they include the following:

1. Verbal - Gestural Prompting - This refers to the use of graduated guidance. Graduated guidance is the use of minimal assistance necessary to enable a student to inhibit a targeted negative behavior and complete the targeted appropriate behavior. The student is a cooperative and willing participant.

2. Extinction - This refers to ignoring the targeted negative behavior. Non-life threatening situations only.

3. Overcorrection - This technique is used for two general types of targeted negative behaviors:
   a. Cleaning - overcorrection here refers to having a student do something over and above that necessary to correct the situation caused from maladaptive behavior.
   b. Self-stimulatory behavior - overcorrection here refers to satiating the student with a specific behavior in order to reduce overall frequency of occurance.

4. Response Cost - This refers to the removal of previously earned tokens, toys, and/or privileges. This technique is generally limited to students involved in token exchange systems, and care must be taken to ensure student understanding of consequences for maladaptive behaviors as well as appropriate behaviors.

5. Time Out - This refers to the removal, withdrawal of positive reinforcement. The removal from on-going activities and/or stimuli in the environment is usually used in conjunction with the placement of the student in such a position that it decreases and/or eliminates the student's chance of receiving rewarding stimuli from themselves, or from people and objects in the environment. The least to most restrictive hiearchy for use of Time Out includes:
   a. Isolation from stimuli - move chair away from group
   b. Isolation from stimuli - standing away from group
   c. Isolation from stimuli - sit, stand back to group
   d. Isolation from stimuli - head down at table
   e. Isolation from stimuli - corner, against wall, hand position dependent upon student's behavior
   f. Isolation from stimuli - prone position on mat

The use of specific Time Out positions and techniques is highly dependent upon individual student behaviors, however a conscientious effort should be made to reduce the restrictiveness of the specific technique utilized.

6. Restraints - Two types of restraints are available for use. Physical restraint is the use of hands-on physical assistance to inhibit a targeted negative behavior. Artificial restraints refer to the use of a device to inhibit a targeted negative behavior, such as special mitts or jackets. The use of any type of restraint can only be utilized with Human Rights Committee approval for the purpose of inhibiting a specific targeted negative behavior which may result in injury to the student themself, or which may result in injury to others, or which may cause substantial property damage. There are two situations in which the use of restraints may occur:

   a. Program Situation - occurs when the approved program plan, with Human Rights Committee approval, agrees that restraints are necessary to inhibit a specified targeted negative behavior.

   b. Emergency Restraint Situation - occurs when the approved program plan is ineffective, and restraint is deemed necessary as a last resort to prevent injury to the student, to others, and/or property. All emergency restraints utilized shall be used in conjunction with an Incident Report.

VIII. STAFF TRAINING

Staff training represents the most critical component of our Behavior Management classroom. Staff training must be accomplished within the confines of the school day, and hence, most training is done directly with students. Time before the students arrive at school is essentially preparation time, and time after students leave is spent evaluating aide performance.

The open flow of communication between teacher and aides is of primary importance in training. The Behavior Management classroom deals with maladaptive behavior, and many of the techniques and strategies used are unfamiliar and awkward for many staff to learn. A major emphasis, therefore, is placed upon the staff's ability to accept criticism and to be able to respond positively from it. Mistakes are viewed as a natural consequence of new learning, and the recognition of mistakes is always important in learning new skills. The teacher must be sensitive to the needs of staff, and the time spent in evaluating daily performance must stress the successes, as well as providing for specific remedial techniques.

The teacher must also convey a sense of purpose to the aide staff. The rationale for specific program interventions must be clearly understood by staff, only through understanding the "why" of program plans can aide staff further their own abilities to function independently from the teacher.

The basic areas of concentration in staff training include the following:

1. Reinforcement -

   a. Laying a positive foundation for students
   b. Providing options for negative behavior
   c. Use of reinforcement - shaping and maintaining responses
   d. Types of reinforcement - learned, unlearned

2. Structure -

   a. The importance of the Daily Routine
   b. The Premack Principle of presenting the daily lessons

3. Basic Attending Skill Training -

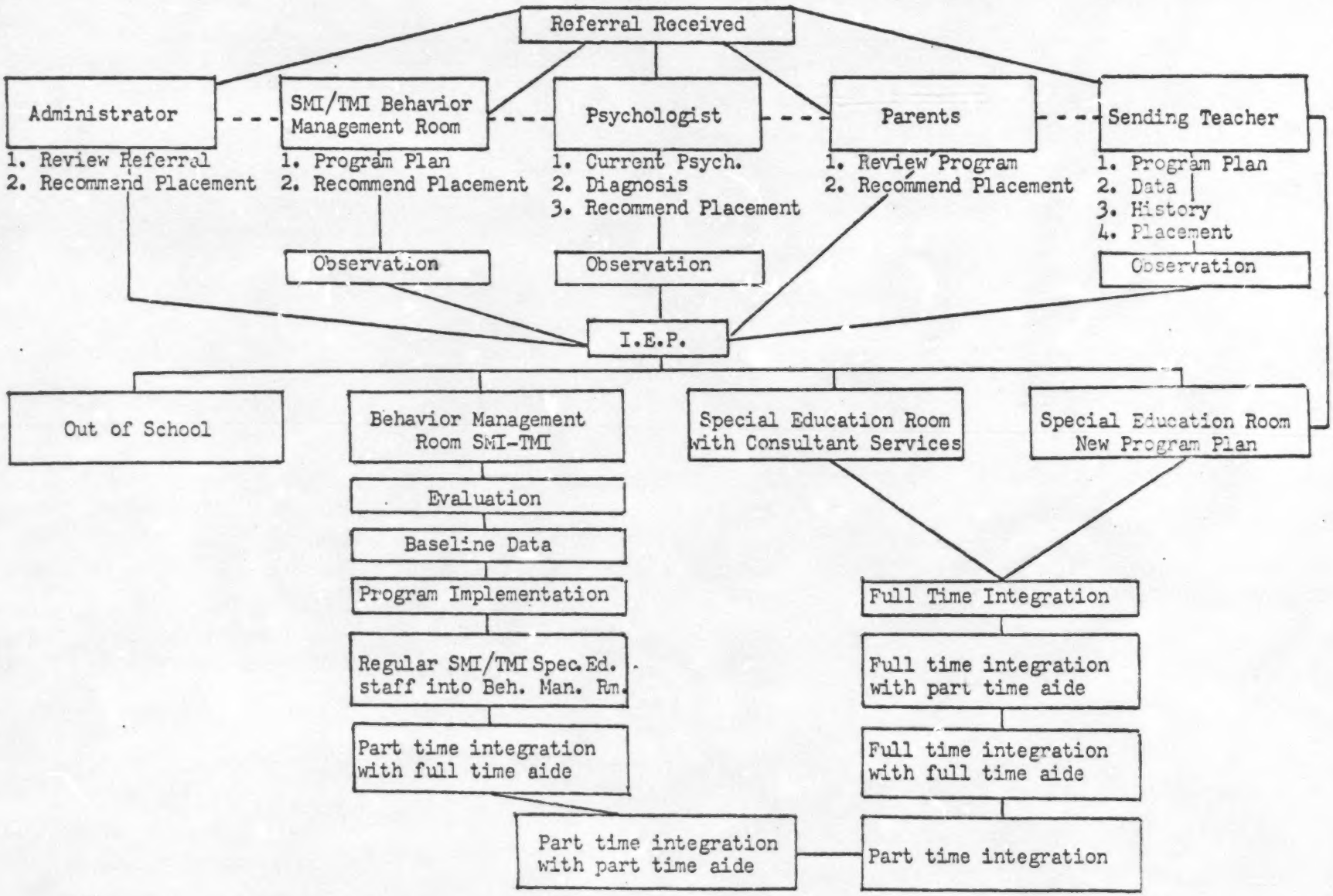
   a. Eye contact
   b. Motoric readiness attainment
   c. Basic command compliance training
   d. The use of contingencies

4. Behavior Management Technique Training -

   a. Graduated guidance - use of verbal/gestural prompting
   b. Manual guidance - use of physical prompting
   c. The consequence of behavior - positive, negative
   d. Specific program plan interventions

5. Data Collection -

   a. Objectivity
   b. Consistency
   c. Recording only what is seen
   d. Give students time to respond
   e. Record data promptly


Referral Received
Administrator
SMI/TMI Behavior Management Room
Psychologist
Parents
Sending Teacher
1. Review Referral
2. Recommend Placement
1. Program Plan
2. Recommend Placement
1. Current Psych.
2. Diagnosis
3. Recommend Placement
1. Review Program
2. Recommend Placement
1. Program Plan
2. Data
3. History
4. Placement
Observation
Observation
Observation
I.E.P.
Out of School
Behavior Management Room SMI-TMI
Special Education Room with Consultant Services
Special Education Room New Program Plan
Evaluation
Baseline Data
Program Implementation
Regular SMI/TMI Spec. Ed. staff into Beh. Man. Rm.
Part time integration with full time aide
Part time integration with part time aide
Full Time Integration
Full time integration with part time aide
Full time integration with full time aide
Part time integration

REFERRAL FORM

BEHAVIORAL MANAGEMENT CLASSROOM

When completing this referral form, please be specific in stating your reason for referral in section II. Current student performance must include the following characteristics exhibited by the SMI/TMI student since these are the basic criteria considered for behavioral management placement.

1. Exhibits lack of appropriate body orientation - the refusal and/or reluctance to orientate the body towards other people. This may involve head/torso or body away from human interaction as a means to disengage from the environment.

2. Exhibits avoidance of eye contact - a finer aspect of body orientation

3. Exhibits a lack of physical equilibrium - hyperactivity, extreme passivity, tenseness or rigidity are extremes of body states. The student who tends to fixate at the extreme polarities of body states does not reflect appropriate responses to their environment, and consequently interferes with their abilities to learn and progress within their environment.

4. Exhibits a lack of emotional equilibrium - extreme emotional states: fits of rage,hysteria, improper laughter or noise, over affection over long periods of time and are those which interfere with a normal response to the environment.

5. Exhibits repetitive and bizarre mannerisms/self stimulatory activities - compulsive behaviors which manifest themselves frequently enough to interfere with basic attending and relating to the environment such as:
   A. flicking hands/fingers in front of face
   B. rhytmic rocking back or forth/side to side
   C. abnormal fixation on particular objects
   D. inappropriate verbalizations/shrieking, yelling,echolaic speech or repetition of sounds.

6. Self abusive behavior/ aggression
   A. self destructive behaviors
   B. striking oneself repeatedly or constantly
   C. striking others frequently - inflicting bodily injury on others
   D. disturbed reactions to changes in the environment.

BEHAVIORAL MANAGEMENT CLASSROOM

Referral form - Teacher

I. Students Name _____ Referral Date _____

Address _____

Birthdate _____

Parent/Guardian _____

Current School Placement _____

II. Reason for referral (current student performance)

III. Important medical information

IV. Present objectives/programs, data collected with relation to behaviors (attach documents)

V. Review of past history with regards to behavior

FORM B (2)

FREQUENCY DATA

Baseline Data Collection Form

Student_____ Late_____

Recorder_____

Time_____

Description of behavior to be recorded:_____

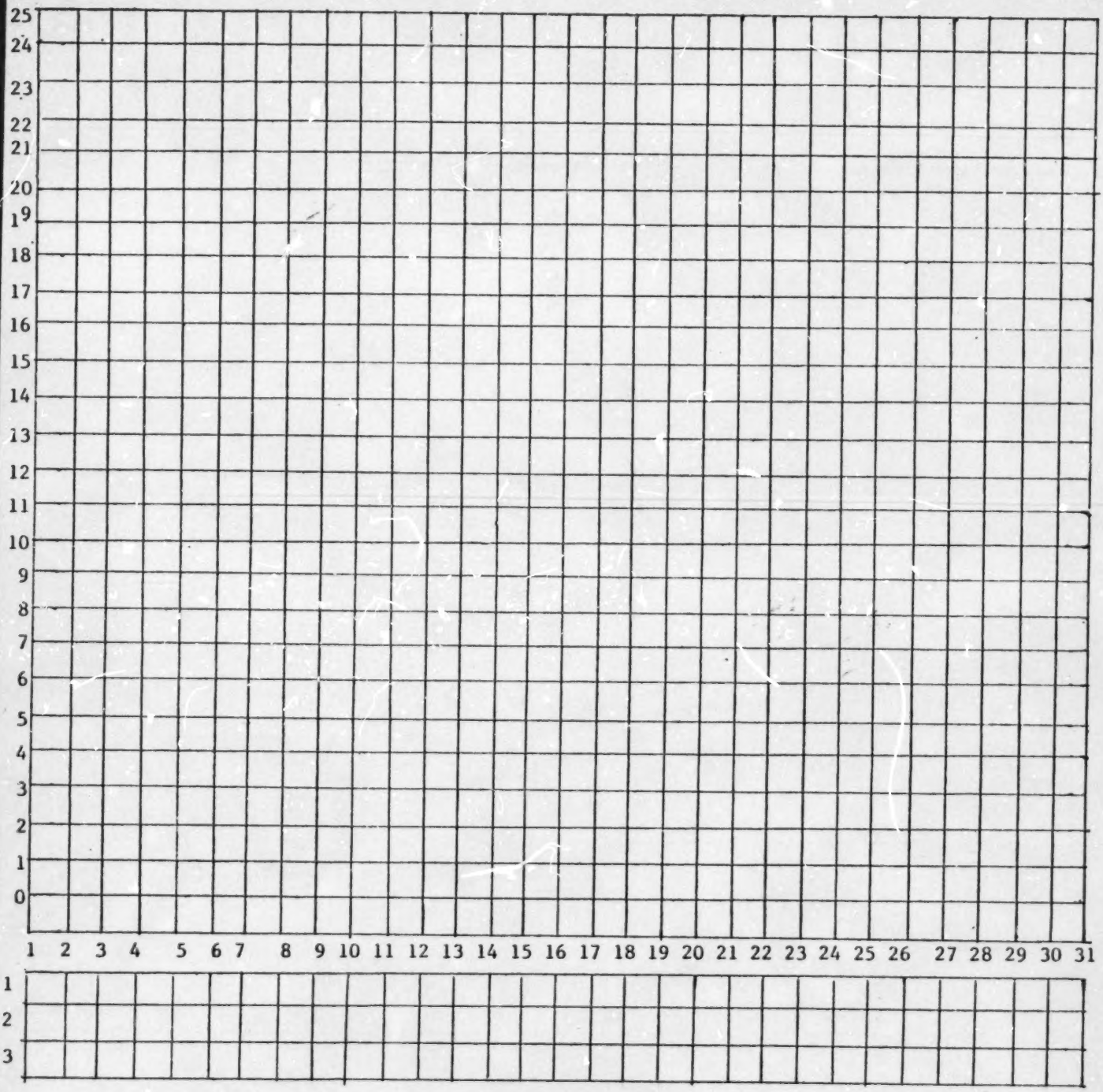
_____

1 to 1 Tasks	Group Activities	Free Play/Toys

Comments_____

_____

_____



NAME _____ DATE _____

DESCRIPTION OF BEHAVIOR: _____

INTERVENTION PLAN 1 _____

2 _____

3 _____

ADDITIONAL COMMENTS & Notes 20

FORM D

MONTH _____

NAME	DATE	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F

FORM E

PROGRAM PLAN

Name: _____ Case No: _____ Date: _____ Written By: _____

To be carried out by: Prescription:

Problem Assessment	Objectives	Approaches

Review and monitor date:

By:

Recommendation:

FORM F)1)

23

I understand the above program.

Date: _____ Signature: _____

24

Review and monitor date:

By:

Recommendation:

Review and monitor date

By:

Recommendation:

Review and monitor date:

By:

Recommendation:

Review and monitor date:

By:

Recommendation:

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Review and monitor date:

By:

Recommendation:

FORM F (2)

MONTHLY PROGRESS NOTES

NAME:_____ PROGRAM:_____

INSTRUCTOR:_____ AIDE:_____

MONTH:: YEAR: SIGNATURE:

COMMENTS:

MONTH: YEAR: SIGNATURE:

COMMENTS:

MONTH: YEAR: SIGNATURE:

COMMENTS:

MONTH: YEAR: SIGNATURE:

COMMENTS:

4

COP Intermediate School District Student Progress Report

Student's Name _____
Program _____ Bldg. _____
Teacher _____

Services per IEPC
Speech _____
O.T. _____
Vision _____
Hearing _____

Report Date
_____, 19__
_____, 19__
_____, 19__
_____, 19__
_____, 19__

Report Completed by _____
Signature

_____
Title

Date Initiated	Performance Objective Title	Achievement: Not Achieved	Achievement: Modified	Achievement: Date Achieved	Recommendation: New Obj.	Recommendation: Cont. Obj.	Sample Task/Comments

White - ISD
Canary - School
Pink - Parent
Goldenrod - Teacher